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EXPRESS MAIL LETTER

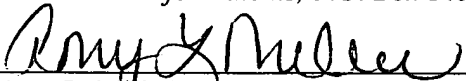
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wiethoff et al.  
Int'l Filing Date: January 24, 2005  
Application No.: 10/587,065  
For: METHOD AND DEVICE FOR DETERMINING THE QUALITY OF MILK PRODUCED  
BY MACHINE MILKING  
Docket No.: 10034.545  
Express Mail No.: EM567954095US  
Date of Deposit: November 29, 2010

I hereby certify that these attached documents

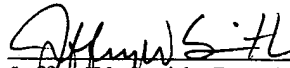
- Response postcard
- Check in the amount of \$490.00
- PTO/SB 21 (1p)
- PTO/SB 17 (1p) and 1 copy
- PTO/SB 22 (1p) and 1 copy
- Response to Office Action and Request for Telephone Interview (11pp)

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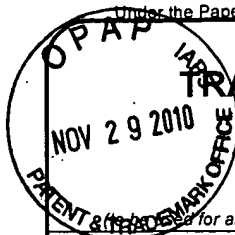
  
(Amy L. Miller)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,

  
Jeffrey W. Smith, Reg. No. 33455  
Attorney for Applicant  
SMITH LAW OFFICE  
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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number 10/587,065

Filing Date January 24, 2005

First Named Inventor Magnus Wiethoff

Art Unit 2856

Examiner Name M. Shabman

Attorney Docket Number 10034.545

## ENCLOSURES (Check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name SMITH LAW OFFICE

Signature

Printed name Jeffry W. Smith

Date November 29, 2010

Reg. No. 33455

## CERTIFICATE OF TRANSMISSION/MAILING

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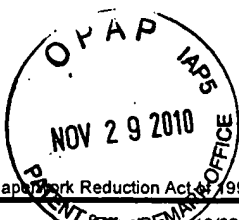
Signature

Typed or printed name

Date

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PTO/SB/17 (10-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 490.00

**Complete if Known**

Application Number	10/587,065
Filing Date	January 24, 2005
First Named Inventor	Magnus Wiethoff
Examiner Name	M. Shabman
Art Unit	2856
Attorney Docket No.	10034.545

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-2911 Deposit Account Name: SMITH LAW OFFICE

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
52	26

Each independent claim over 3 (including Reissues)

220	110
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Multiple dependent claims

390	195
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = / 50 = (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Two-Month Extension of Time

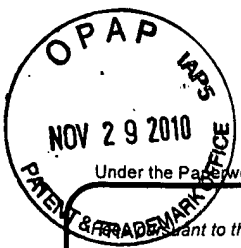
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**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 33455	Telephone 608-824-8300
Name (Print/Type)	Jeffrey W. Smith	Date: November 29, 2010	

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PTO/SB/17 (10-08)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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**Complete if Known**

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Examiner Name	M. Shabman
Art Unit	2856
Attorney Docket No.	10034.545

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-2911 Deposit Account Name: SMITH LAW OFFICE

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Other (e.g., late filing surcharge): Two-Month Extension of Time

Fees Paid (\$)

490.00

**SUBMITTED BY**

Signature	<u>Jeffrey W. Smith</u>	Registration No. (Attorney/Agent)	33455	Telephone	608-824-8300
Name (Print/Type)	Jeffrey W. Smith	Date	<u>November 29, 2010</u>		

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